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Peter V. Lee, Executive Director				1/0	('/		

Adopt Section 6426 to read:

SECTION 6426: STANDARD BENEFIT PLAN DESIGNS

- (a) In responding to the Qualified Health Plan Solicitation, Bidders must use the Standard Benefit Plan Designs established by the Exchange. The Standard Benefit Plan Designs are identified in the Standard Benefit Plan Designs FINAL, dated March 15, 2013, which is hereby incorporated by reference.
- (b) Bidders must submit either the co-pay or co-insurance plans in the Standard Benefit Plan Designs - FINAL, dated March 15, 2013, or a combination of the co-pay and co-insurance plans in order to offer coverage at all four levels of coverage and the catastrophic level of coverage in Bidders' proposed geographic service areas. However, Bidders for plans in the SHOP are prohibited from submitting bids for the Catastrophic coverage level. Bidders must submit their plans and premium bids pursuant to this section no later than 5:00 pm Pacific Time on April 2, 2013.

Authority: Government Code Section 100504

Reference: Government Code Sections 100504(c)

Covered California Standard Benefit Plan Designs - FINAL Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS*	Platinum Coinsurance Plan	Platinum Copay Plan
3/15/2013		
Actuarial Value - Final AV Calculator	88.1%	88.0%
Overall deductible	\$0	\$0
Other deductibles for specific services		
Medical	\$0	\$0
Brand Drugs	\$0	\$0
Dental	See attachment	See attachment
Out-of-pocket limit on expenses	\$4,000	\$4,000

Common Medical			Member Cost	Deductible	Member Cost Deducti	
Event	Service T	ype	Share	Applies	Share	Applies
Visit to a health care provider's	Primary care visit to treat an footnote)	injury or illness (see	\$20		\$20	
office or clinic	Specialist visit		\$40		\$40	
	Other practitioner office visit		\$20	-	\$20	
	Preventive care/ screening/ i	mmunization	No cost share		No cost share	
	Laboratory Tests		\$20		\$20	
Tests	X-rays and Diagnostic Imagi	ng	\$40		\$40	
	Imaging (CT/PET scans, MR		10%		\$150	
	Generic drugs	h lizh a cha bantan i di	\$5		\$5	-Treffee
Drugs to treat	Preferred brand drugs		\$15		\$15	
illness or	Non-preferred brand drugs		\$25		\$25	
condition	Specialty drugs		10%		10%	
Outpatient	Facility fee (e.g., ASC)	A Maria State State	10%		COEO	I STATE OF THE STA
surgery	Physician/surgeon fees	10%		\$250		
	Emergency room services (w	\$150		\$150		
	Emergency medical transpor		\$150		\$150	
Need immediate attention	Urgent care		\$40		\$40	
	Facility fee (e.g., hospital roo	om)	10%		\$250 per day up	***************************************
Hospital stay	Physician/surgeon fee		10%		to 5 days	
	Mental/Behavioral health out	patient services	\$20		\$20	
Mental health, behavioral health,	Mental/Behavioral health inpatient services		10%		\$250 per day up to 5 days	
or substance	Substance use disorder outpatient services		\$20		\$20	
abuse needs	Substance use disorder inpatient services		10%		\$250 per day up to 5 days	
	Prenatal care and preconcep	tion visits	No cost share	100000	No cost share	
Pregnancy	Delivery and all inpatient	Hospital	10%		\$250 per day up	
	services	Professional	10%		to 5 days	
	Home health care		10%		\$20	
	Rehabilitation services		\$20		\$20	
Help recovering	Habilitation services		\$20		\$20	
or other special health needs	Skilled nursing care	5	10%		\$150 per day up to 5 days	
	Durable medical equipment		10%		10%	
	Hospice service		No cost share		No cost share	
	Eye exam (deductible waived	d)	0%		0%	
OLUI I	Glasses		1 pair per year		1 pair per year	
Child needs dental or eye care	Dental Check-up - Preventive Dental Basic Services		See Pediatric Der Plan Design, No		See Pediatric Dental Standard Plan Design, Note 6 Below	
	Dental Restorative and Orthodontia Services		rian besign, Note o below		Fiail Design, Note o Delow	

Notes

- 1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.
- 2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.
- 3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.
- 4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including postnatal visits or outpatient Mental Health/Substance Abuse visits.
- 5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another benefit category.
- 6) Pediatric Dental Standard Plan Design may be accessed at:

^{*} All cost sharing indicated, including the no cost sharing identified for preventive care and for prenatal and preconception services, is subject to federal rules issued pursuant to the Affordable Care Act and to applicable state statutes and regulations.

Summary of B	enefits and Coverage	EST O SURFACE FOR STOLEN AND THE PROPERTY CONTRACTS BY A SURFACE AND THE PROPERTY OF THE PROPE	The Control of the Co		
	G AMOUNTS DESCRIBE THE S OUT OF POCKET COSTS*	Gold Coinsurance Plan		Gold Copay Plan	
3/15/201	3		Secretaria de la compansión de la compan		
Actuarial Value -	Final AV Calculator	78.29	%	78.09	%
Overall deductible		\$0		\$0	
	s for specific services	1			
	Medical	\$0		\$0	
Brand Drugs		\$0		\$0	
Dental Dental		See attac	hment	See attac	hment
Out-of-pocket lin	mit on expenses	\$6,40	\$6,400 \$6,400		
Common Medica	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Visit to a health	Primary care visit to treat an injury or illness (see footnote)	\$30		\$30	
√isit to a health care provider's office or clinic	Specialist visit	\$50		\$50	
	Other practitioner office visit	\$30		\$30	
Actuarial Value - 3/15/20 Actuarial Value - Overall deductible Out-of-pocket li Common Medic: Event /isit to a health are provider's office or clinic Tests Orugs to treat liness or condition	Preventive care/ screening/ immunization	No cost share		No cost share	
	Laboratory Tests	\$30		\$30	
Tests	X-rays and Diagnostic Imaging	\$50		\$50	
	Imaging (CT/PET scans, MRIs)	20%		\$250	
Drugs to treat illness or condition	Generic drugs	\$20		\$20	
	Preferred brand drugs	\$50		\$50	
	Non-preferred brand drugs	\$70		\$70	
	Specialty drugs	20%		20%	
Outpatient	Facility fee (e.g., ASC)	20%		\$600	
curacru	Dhysician/surgeon foos	200/		φουυ	

20%

\$250 \$250

\$60

20%

20%

\$30

20%

\$30

20%

No cost share

20%

20%

20%

\$30

\$30

20%

20%

No cost share

0%

1 pair per year

Plan Design, Note 6 Below

\$250

\$250

\$60

\$600 per day up

to 5 days

\$30

\$600 per day up

to 5 days

\$30

\$600 per day up

to 5 days

No cost share

\$600 per day up

to 5 days

\$30

\$30

\$30

\$300 per day up

to 5 days

20%

No cost share

0%

1 pair per year

Plan Design, Note 6 Below

See Pediatric Dental Standard See Pediatric Dental Standard

Mental health. behavioral health, or substance abuse needs

or other special

health needs

Child needs

dental or eye care

Need immediate attention

Hospital stay

surgery

Prenatal care and preconception visits Delivery and all inpatient Hospital **Pregnancy** services Professional Home health care Rehabilitation services Help recovering Habilitation services

Skilled nursing care

Dental Basic Services

Hospice service

Glasses

Durable medical equipment

Eye exam (deductible waived)

Urgent care

Physician/surgeon fees

Emergency room services (waived if admitted)

Mental/Behavioral health outpatient services

Mental/Behavioral health inpatient services

Substance use disorder outpatient services

Substance use disorder inpatient services

Emergency medical transportation

Facility fee (e.g., hospital room)

Physician/surgeon fee

Notes:

Dental check-up - Preventive and Diagnostic

Dental Restorative and Orthodontia Services

- 1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.
- Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense. Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.
- 4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including postnatal visits or outpatient Mental Health/Substance Abuse visits
- 5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another benefit category
- 6) Pediatric Dental Standard Plan Design may be accessed at:

^{*} All cost sharing indicated, including the no cost sharing identified for preventive care and for prenatal and preconception services, is subject to federal rules issued pursuant to the Affordable Care Act and to applicable state statutes and regulations.

Summary of Benefits and Coverage	Individual	Individual
COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS*	Silver Coinsurance Plan	Silver Copay Plan
3/15/2013		
Actuarial Value - Final AV Calculator	68.7%	68.3%
Overall deductible	N/A	N/A
Other deductibles for specific services		
Medical	\$2,000	\$2,000
Brand Drugs	\$250	\$250
Dental	See attachment	See attachment
Out-of-pocket limit on expenses	\$6,400	\$6,400

In Commence of the Paris Tollier						
Common Medical	Company Company		Member Cost	Deductible	Member Cost	Deductible
Event	Service T	уре	Share	Applies	Share	Applies
Visit to a health care provider's	Primary care visit to treat an footnote)	injury or illness (see	\$45		\$45	
office or clinic	Specialist visit	Harris of the said of	\$65		\$65	
	Other practitioner office visit		\$45		\$45	
	Preventive care/ screening/ i		No cost share		No cost share	
	Laboratory Tests		\$45		\$45	
Tests	X-rays and Diagnostic Imagi	ng	\$65		\$65	
	Imaging (CT/PET scans, MR		20%	X	\$250	25 W
	Generic drugs		\$25		\$25	
Orugs to treat	Preferred brand drugs		\$50	Х	\$50	Х
liness or	Non-preferred brand drugs		\$70	X	\$70	Х
condition	Specialty drugs		20%	X	20%	X
Outpatient	Facility fee (e.g., ASC)	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	20%	X	20%	X
surgery	Physician/surgeon fees		20%		20%	
surgery	Emergency room services (v	\$250	Χ	\$250	X	
	Emergency medical transpor		\$250	X	\$250	X
Need immediate attention	Urgent care		\$90		\$90	
Hospital stay	Facility fee (e.g., hospital room)		20%	X	20%	X
	Physician/surgeon fee Mental/Behavioral health outpatient services		20%		0.45	
	Mental/Behavioral nealth out	patient services	\$45		\$45	
Mental health, behavioral health,	Mental/Behavioral health inp		20%	Х	20%	X
or substance	Substance use disorder outp	atient services	\$45		\$45	
abuse needs	Substance use disorder inpatient services		20%	X	20%	X
	Prenatal care and preconcep	tion visits	No cost share		No cost share	
Pregnancy	Delivery and all inpatient	Hospital	20%	Х	20%	Х
	services	Professional	20%		20%	^
	Home health care		20%		\$45	
	Rehabilitation services		\$45		\$45	
Help recovering	Habilitation services		\$45		\$45	
or other special	Skilled nursing care		20%	x	20%	Х
nealth needs	Durable medical equipment		20%		20%	
	Hospice service		No cost share		No cost share	
	Eye exam (deductible waived	1)	0%	***************************************	0%	***************************************
	Glasses	-)	1 pair per year		1 pair per year	***************************************
Child needs		and Diagnostic				
	Dental check-up - Preventive and Diagnostic Dental Basic Services Dental Restorative and Orthodontia Services		See Pediatric Dental Standard Plan Design, Note 6 Below		See Pediatric Dental Standar Plan Design, Note 6 Below	

Notes

- 1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.
- 2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.
- (3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.
- 4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including postnatal visits or outpatient Mental Health/Substance Abuse visits.
- 5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care of Specialty Physicians or not specified in another benefit category.
- 6) Pediatric Dental Standard Plan Design may be accessed at:

^{*} All cost sharing indicated, including the no cost sharing identified for preventive care and for prenatal and preconception services, is subject to federal rules issued pursuant to the Affordable Care Act and to applicable state statutes and regulations.

Summary of Benefits and Coverage	SHOP	SHOP
COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS*	Silver Coinsurance Plan	Silver Copay Plan
3/15/2013		
Actuarial Value - Final AV Calculator	69.8%	69.3%
Overall deductible	N/A	N/A
Other deductibles for specific services		
Medical	\$1,500	\$1,500
Brand Drugs	\$500	\$500
Dental	See attachment	See attachment
Out-of-pocket limit on expenses	\$6,400	\$6,400

Common Medical		Member Cost Deductible		Member Cost Deductible		
Event	Service T	vne	Share	Applies	Share	Applies
	Primary care visit to treat an	injury or illness (see	\$45		\$45	
Visit to a health	footnote)		Ψ45		φ45	
care provider's						
office or clinic	Specialist visit		\$65		\$65	
	Other practitioner office visit		\$45		\$45	
	Preventive care/ screening/ i	mmunization	No cost share		No cost share	
	Laboratory Tests		\$45		\$45	
Tests	X-rays and Diagnostic Imagi		\$65		\$65	
	Imaging (CT/PET scans, MR	ls)	20%	X	\$250	
Drugs to treat	Generic drugs		\$25		\$25	
illness or	Preferred brand drugs		\$50	X	\$50	X
condition	Non-preferred brand drugs		\$70	X	\$70	X
	Specialty drugs		20%	X	20%	X
Outpatient	Facility fee (e.g., ASC)	***************************************	20%	X	20%	X
surgery	Physician/surgeon fees	20%		20%		
	Emergency room services (w	\$250	X	\$250	X	
	Emergency medical transpor	tation	\$250	X	\$250	X
Need immediate	Urgent care					
attention			\$90		\$90	
	Orgeni care		Ψ30		ΨΟΟ	
			000/			
Hospital stay	Facility fee (e.g., hospital room)		20%	X	20%	X
	Physician/surgeon fee Mental/Behavioral health outpatient services		20%		0.15	
	Mental/Benavioral nealth out	patient services	\$45		\$45	
Mental health,	Mental/Behavioral health inpa	atient services	20%	X	20%	X
behavioral health,			\$45		\$45	
or substance	Substance use disorder outpatient services		Ψ40		Ψ45	
abuse needs	Substance use disorder inpatient services		20% X	20%	Χ	
	Prenatal care and preconception visits		No cost share		No cost share	
Pregnancy	Delivery and all inpatient	Hospital	20%	X		
rrognamoy	services	Professional	20%		20%	Χ
	Home health care		20%		\$45	
	Rehabilitation services		\$45		\$45	
Help recovering	Habilitation services		\$45		\$45	
or other special						
health needs	Skilled nursing care		20%	X	20%	Х
	Durable medical equipment		20%		20%	
	Hospice service		No cost share		No cost share	
	Eye exam (deductible waived	1)	0%		0%	
	Glasses		1 pair per year		1 pair per year	
Child needs	Dental check-up - Preventive	and Diagnostic		tal Ctardend		stal Standard
dental or eye care	Dental Basic Services		See Pediatric Der			
	Dental Basic Services Dental Restorative and Orthodontia Services		Plan Design, Note 6 Below		Plan Design, Note 6 Below	

Notes

- 1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.
- 2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.
- 3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.
- 4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including postnatal visits or outpatient Mental Health/Substance Abuse visits.
- 5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another benefit category.
- 6) Pediatric Dental Standard Plan Design may be accessed at:

^{*} All cost sharing indicated, including the no cost sharing identified for preventive care and for prenatal and preconception services, is subject to federal rules issued pursuant to the Affordable Care Act and to applicable state statutes and regulations.

Summary of Benefits and Coverage	Individual & SHOP
COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS*	Silver HSA Plan
3/15/2013	
Actuarial Value - Final AV Calculator	71.5%
Overall deductible	\$1500 integrated Med/Rx Ded
Other deductibles for specific services	
Medical	N/A
Brand Drugs	N/A
Dental	See attachment
Out-of-pocket limit on expenses	\$6,400

Common Medical Event	Service Typ		Member Cost Share	Deductible Applies	
Visit to a health care provider's	Primary care visit to treat an infootnote)	1000	20%	Х	
office or clinic	Specialist visit		20%	X	
	Other practitioner office visit		20%	X	
	Preventive care/ screening/ imi	munization	No cost share		
	Laboratory Tests		20%	X	
Tests	X-rays and Diagnostic Imaging		20%	X	
	Imaging (CT/PET scans, MRIs		20%	X	
Drugs to treat	Generic drugs		20%	X	
illness or	Preferred brand drugs		20%	X	
condition	Non-preferred brand drugs		20%	/ X	
	Specialty drugs		20%	X	
Outpatient	Facility fee (e.g., ASC)		20%	X	
surgery	Physician/surgeon fees	115 1 16 18	20%	X	
	Emergency room services (wai		20%	X	
	Emergency medical transporta	tion	20%	X	
Need immediate attention	Urgent care	20%	×		
	Facility fee (e.g., hospital room)	20%	X	
Hospital stay	Physician/surgeon fee		20%	X	
	Mental/Behavioral health outpa	tient services	20%	X	
Mental health, behavioral health,	Mental/Behavioral health inpati	ent services	20%	X	
or substance	Substance use disorder outpat	ent services	20%	X	
abuse needs	Substance use disorder inpatie	nt services	20%	Х	
	Prenatal care and preconception	n visits	No cost share	X	
Pregnancy	Delivery and all inpatient	Hospital	20%	X	
	services	Professional	20%	X	
	Home health care		20%	X	
	Rehabilitation services		20%	Χ	
Help recovering	Habilitation services	11	20%	X	
or other special health needs	Skilled nursing care		20%	X	
	Durable medical equipment		20%	X	
	Hospice service		No cost share	X	
	Eye exam (deductible waived)		0%		
Child made	Glasses		1 pair per year		
Child needs	Dental check-up - Preventive a	nd Diagnostic	See Pediatric Der	tal Standard	
dental or eye care	Dental Basic Services		A CONTRACTOR OF THE PROPERTY O	ALPHANISCO SERVICE AND	
	Dental Restorative and Orthodo	ontia Services	Plan Design, Note 6 Below		
			The state of the s		

Notes

- 1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.
- 2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.
- 3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.
- 4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including postnatal visits or outpatient Mental Health/Substance Abuse visits.
- 5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another benefit category.
- 6) Pediatric Dental Standard Plan Design may be accessed at:

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Covered California Standard Benefit Plan Designs - FINAL Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS*	#\$A	Bronze HSA Plan
3/15/2013		
Actuarial Value - Final AV Calculator	60.4%	59.0%
Overall deductible	\$5000 integrated Med/Rx Ded	\$4500 integrated Med/Rx Ded
Other deductibles for specific services		
Medical	N/A	N/A
Brand Drugs	N/A	N/A
Dental	See attachment	See attachment
Out-of-pocket limit on expenses	\$6,400	\$6,400
Common Medical	Member Cost Deductible	Member Cost Deductible

Common Medical Event	Service T	vpe	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Visit to a health care provider's	Primary care visit to treat an footnote)		\$60	After 1st 3 non- preventive visits	40%	X
office or clinic	Specialist visit		\$70	X	40%	X
	Other practitioner office visit		\$60	X	40%	X
	Preventive care/ screening/ i	mmunization	No cost share		No cost share	
	Laboratory Tests		30%	X	40%	X
Tests	X-rays and Diagnostic Imagir	ng	30%	X	40%	X
	Imaging (CT/PET scans, MR	ls)	30%	X	40%	X
	Generic drugs		\$25	X	40%	X
Drugs to treat	Preferred brand drugs		\$50	X	40%	X
illness or	Non-preferred brand drugs	(Region and Mark of	\$75	X	40%	X
condition	Specialty drugs		30%	X	40%	X
Outpatient			30%	X	40%	X
surgery			30%	X	40%	X
Surgery	Emergency room services (w	aived if admitted)	\$300	X	40%	X
	Emergency medical transportation		\$300	X	40%	X
Need immediate attention	eed immediate		\$120	After 1st 3 non- preventive visits	40%	×
	Facility fee (e.g., hospital room)		30%	X	40%	X
Hospital stay	Physician/surgeon fee		30%	X	40%	X
	Mental/Behavioral health outpatient services		\$60	X	40%	X
Mental health, behavioral health,	Mental/Behavioral health inpa	atient services	30%	x	40%	Х
or substance	Substance use disorder outp	atient services	\$60	X	40%	X
abuse needs	Substance use disorder inpar		30%	X	40%	X
	Prenatal care and preconcep	tion visits	No cost share		No cost share	
Pregnancy	Delivery and all inpatient	Hospital	30%	X	40%	X
	services	Professional	30%	X	40%	X
	Home health care		30%	X	40%	X
	Rehabilitation services	30%	X	40%	X	
Help recovering	Habilitation services		30%	X	40%	X
or other special health needs	Skilled nursing care		30%	X	40%	X
nount noods	Durable medical equipment		30%	X	40%	Х
	Hospice service		No cost share	X	No cost share	X
	Eye exam (deductible waived	(1)	0%		0%	
	Glasses		1 pair per year		1 pair per year	
Child needs	Dental check-up - Preventive	and Diagnostic				
dental or eye care	Dental Basic Services	and Diagnoodo			See Pediatric Der	
	Dental Restorative and Ortho	dontia Services	Plan Design, No	ote 6 Below	Plan Design, No	te 6 Below
	Dental Restorative and Office	dorilla Services	Beer married and a reserve and a second	REPORT OF THE PARTY OF THE PART	Company of the State of State	

Notes

- 1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.
- 2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.
- 3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.
- 4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including postnatal visits or outpatient Mental Health/Substance Abuse visits.
- 5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another benefit category.
- 6) Pediatric Dental Standard Plan Design may be accessed at:

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Covered California Standard Benefit Plan Designs - FINAL Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS*	Catastrophic Plan
3/15/2013	
Actuarial Value - Final AV Calculator	60.4%
Overall deductible	\$6400 integrated Med/Rx Ded
Other deductibles for specific services	
Medical	N/A
Brand Drugs	N/A
Dental	See attachment
Out-of-pocket limit on expenses	\$6,400

Common Medical Event	Service Type		Member Cost Share	Deductible Applies
Visit to a health care provider's	Primary care visit to treat an injury or illness (see footnote)		0%	After 1st 3 non- preventive visits
office or clinic	Specialist visit		0%	X
	Other practitioner office visit		0%	X
	Preventive care/ screening/ immu	unization	No cost share	
	Laboratory Tests	12	0%	X
Tests	X-rays and Diagnostic Imaging		0%	X
	Imaging (CT/PET scans, MRIs)		0%	X
Drugs to treat	Generic drugs		0%	X
illness or	Preferred brand drugs		0%	X
condition	Non-preferred brand drugs		0%	X
Condition	Specialty drugs		0%	X
Outpatient	Facility fee (e.g., ASC)		0%	X
surgery	Physician/surgeon fees		0%	X
	Emergency room services (waive	ed if admitted)	0%	X
	Emergency medical transportation	n	0%	X
Need immediate attention	Urgent care		0%	After 1st 3 non- preventive visits
	Facility fee (e.g., hospital room)		0%	X
Hospital stay	Physician/surgeon fee		0%	X
	Mental/Behavioral health outpatient services		0%	X
Mental health, behavioral health,	Mental/Behavioral health inpatient services		0%	Х
or substance	Substance use disorder outpatier	nt services	0%	X
abuse needs	Substance use disorder inpatient		0%	X
	Prenatal care and preconception	visits	No cost share	
Pregnancy		-lospital	0%	X
		Professional	0%	X
	Home health care		0%	X
	Rehabilitation services		0%	X
Help recovering or other special health needs	Habilitation services		0%	X
	Skilled nursing care		0%	X
	Durable medical equipment		0%	X
	Hospice service		No cost share	X
	Eye exam (deductible waived)		0%	
	Glasses		1 pair per year	
Child needs	Dental check-up - Preventive and Diagnostic		See Pediatric Dental Standard Plan Design, Note 6 Below	
dental or eye care	Dental Basic Services			
	Dental Restorative and Orthodontia Services			

Notes

- 1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.
- 2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.
- 3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.
- 4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including postnatal visits or outpatient Mental Health/Substance Abuse visits.
- 5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another benefit category.
- 6) Pediatric Dental Standard Plan Design may be accessed at:

^{*} All cost sharing indicated, including the no cost sharing identified for preventive care and for prenatal and preconception services, is subject to federal rules issued pursuant to the Affordable Care Act and to applicable state statutes and regulations.



California Health Benefit Exchange

Board Members
Diana S. Dooley, Chair
Kimberly Belshé Paul Fearer
Susan Kennedy Robert Ross, MD

Executive Director
Peter V. Lee

March 15, 2013

ADVANCE NOTICE OF INTENT TO FILE EMERGENCY REGULATIONS

This notice is sent in accordance with Government Code Section 11346.1(a)(2), which requires that State of California agencies give a five working day advance notice of intent to file emergency regulations with the Office of Administrative Law (OAL). The California Health Benefit Exchange ("Exchange") intends to file an Emergency Rulemaking package with the Office of Administrative Law (OAL) that imposes Standard Benefit Design requirements on health issuers submitting bids in response to the Qualified Health Plan Solicitation. As required by subdivisions (a)(2) and (b)(2) of Government Code Section 11346.1, this notice appends the following: (1) the specific language of the proposed regulation and (2) the Finding of Emergency, including specific facts demonstrating the need for immediate action, the authority and reference citations, the informative digest and policy statement overview, attached reports, and required determinations.

The Exchange plans to file the Emergency Rulemaking package with OAL at least five working days from the date of this notice. If you would like to make comments on the Finding of Emergency or the proposed regulations (also enclosed), they must be received by both the Exchange and the Office of Administrative Law within five calendar days of the Exchange's filing at OAL. Responding to these comments is strictly at the Exchange's discretion.

Comments should be sent simultaneously to:

California Health Benefit Exchange Attn: Brandon Ross 560 J Street, Suite 290 Sacramento, CA 95814

Office of Administrative Law 300 Capitol Mall, Suite 1250 Sacramento, CA 95814

Please note that this advance notice and comment period is not intended to replace the public's ability to comment once the emergency regulations are approved. The Exchange will hold a public hearing and 45-day comment period within the 180 day certification period following the effective date of the emergency regulations.

Please contact Brandon Ross at 916-323-3502 or info@hbex.ca.gov if you have any questions concerning this Advance Notice.

FINDING OF EMERGENCY

The Director of the California Health Benefit Exchange finds that an emergency exists and that this proposed emergency regulation is necessary to address a situation that calls for immediate action to avoid serious harm to the public peace, health, safety or general welfare.

DEEMED EMERGENCY

The Exchange may "Adopt rules and regulations, as necessary. Until January 1, 2016, any necessary rules and regulations may be adopted as emergency regulations in accordance with the Administrative Procedures Act. The adoption of these regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare." (Gov. Code, § 100504(a)(6)).

AUTHORITY AND REFERENCE

Authority: Government Code Section 100504.

Reference: Government Code Sections 100502, 100503, 100504, 100505, and 100507.

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

Documents to be incorporated by reference:

The California Health Benefit Exchange Standard Benefit Plan Designs - FINAL, dated March 15, 2013, will be incorporated by reference in the proposed regulations.

Summary of Existing Laws

Existing law, the California Patient Protection and Affordable Care Act, established the California Health Benefit Exchange. The Exchange is responsible for arranging and contracting with health insurance issuers to provide affordable, quality health insurance coverage to qualified individuals and qualified employers through the Exchange. (Gov. Code, § 100500 et seq.) In order to provide health care coverage through the Exchange, the Exchange must contract with health insurance issuers through a competitive selection process based on uniform standards and criteria that must be developed by the Exchange. (Gov. Code, §§ 100503, 100504). Existing law further allows give the Exchange the authority to standardize products that will be offered through the Exchange. (Gov. Code, § 100504(c)).

The proposed regulations will provide the public with the clear standards for how health insurance issuers must design critical components of their plans in order to be certified as a Qualified Health Plan. The regulations will ensure that all health plan issuers are on a level playing field and have an equal opportunity to be selected for participation in the Exchange. Additionally, these regulations will increase competition among the plans by allowing consumer to compare Qualified Health

Plans side by side, which will allow health issuers to compete on price and value. Lastly, the regulations will increase transparency in the Exchange's process for selecting qualified health plans, which will result in greater consumer confidence in the Exchange.

The proposed regulations will provide the standards upon which health issuers will construct their health plans to be certified by the Exchange as Qualified Health Plans and offered through the Exchange to millions of Californians. The proposed regulations will specifically benefit millions of Californians by providing them with the ability to make a side by side comparison of Qualified Health Plans, which will allow them to make informed choices on which plan will provide the most value for themselves and their family members. The Exchange is the sole marketplace where Californians at certain income levels will be able to use federal tax credits to reduce the cost of their health insurance premiums and to purchase coverage that is eligible for federal subsidies that will reduce the cost-sharing requirements in their health plans. Without these proposed regulations, Californians would be unable to use federal tax subsidies for the purchase of Qualified Heath Plans that allow such a side by side comparison of benefits.

After an evaluation of current regulations, the Exchange has determined that these proposed regulations are not inconsistent or incompatible with any existing regulations. Further, the proposed regulations are not inconsistent or incompatible with any other regulations that address health plans outside of the Exchange.

MATTERS PRESCRIBED BY STATUTE APPLICABLE TO THE AGENCY OR TO ANY SPECIFIC REGULATION OR CLASS OF REGULATIONS

None.

LOCAL MANDATE

The Executive Director of the California Health Benefit Exchange has determined that this proposed regulatory action does not impose a mandate on local agencies or school districts.

FISCAL IMPACT ESTIMATES (Attached Form 399)

This proposal does not impose costs on any local agency or school district for which reimbursement would be required pursuant to Part 7 (commencing with Section 17500) of Division 4 of the Government Code. This proposal does not impose other nondiscretionary cost or savings on local agencies.

COSTS OR SAVINGS TO STATE AGENCIES (Attached Form 399)

The proposal does not result in any costs or savings to any state agency.



California Health Benefit Exchange

Board Members

Diana S. Dooley, Chair
Kimberly Belshé Paul Fearer
Susan Kennedy Robert Ross, MD

Executive Director
Peter V. Lee

March 22, 2013

STATEMENT OF CONFIRMATION OF MAILING OF FIVE-DAY EMERGENCY NOTICE

(Title 1, CCR section 50(a)(5)(A))

The California Health Benefit Exchange sent notice of the proposed emergency action to every person who has filed a request for notice of regulatory action at least five working days before submitting the emergency regulation to the Office of Administrative law in accordance with the requirements of Government Code section 11346.1, subdivision (a)(2).

STATE OF CALIFORNIA — DEPARTMENT OF FINANCE ECONOMIC AND FISCAL IMPACT STATEMENT

(REGULATIONS AND ORDERS)

STD. 399 (REV. 12/2008)

See SAM Section 6601 - 6616 for Instructions and Code Citations

DEPARTMENT NAME	CONTACT PERSON	TELEPHONE NUMBER		
California Health Beneift Exchange	Brandon Ross	916-323-3471		
DESCRIPTIVE TITLE FROM NOTICE REGISTER OR FORM 400 Qualified Health Plans Standard Benefit Plan I	Dogiana	NOTICE FILE NUMBER		
Quantied Health Flans Standard Benefit Flan I	Jesigns	Z		
ECONOMIC IMPACT STATEMENT				
A. ESTIMATED PRIVATE SECTOR COST IMPACTS	(Include calculations and assumption	s in the rulemaking record)		
	(maid a danala maid a dada mpaam	o in the raismaking resorts,		
1. Check the appropriate box(es) below to indicate wh	ether this regulation:	¥		
a. Impacts businesses and/or employees		e. Imposes reporting requirements		
b. Impacts small businesses		f. Imposes prescriptive instead of performance		
c. Impacts jobs or occupations		g. Impacts individuals		
d. Impacts California competitiveness		h. None of the above (Explain below. Complete the		
		Fiscal Impact Statement as appropriate.)		
h. (cont.)				
(If any box in Items 1 a through g is checked	i, complete this Economic Impact Stat	ement.)		
2. Enter the total number of businesses impacted:	Describe the types o	of businesses (Include nonprofits.):		
Enter the number or percentage of total businesses	s impacted that are small businesses:			
3. Enter the number of businesses that will be created	: elim	inated:		
Explain:				
4. Indicate the geographic extent of impacts:	Statewide Local or regional ((List areas.):		
		-		
5. Enter the number of jobs created: or elimi	nated: Describe the types of	of jobs or occupations impacted:		
*				
6. Will the regulation affect the ability of California bus	inesses to compete with other states	by making it more costly to produce goods or services here?		
Yes No If yes, explain briefly:				
Tes No il yes, expia	in brieny.			
B. ESTIMATED COSTS (Include calculations and assumptions in the rulemaking record.)				
What are the total statewide dollar costs that businesses and individuals may incur to comply with this regulation over its lifetime?				
a. Initial costs for a small business: \$	Annual ongoing cost	ts: \$ Years:		
b. Initial costs for a typical business: \$	Annual ongoing cos	ts: \$ Years:		
c. Initial costs for an individual: \$	Annual ongoing cost	sts: \$ Years:		
d. Describe other economic costs that may occur:				

ECONOMIC AND FISCAL IMPACT STATEMENT cont. (STD. 399, Rev. 12/2008)

enter the share of total costs for ear	ch industry:	
requirements, enter the annual cos	ts a typical business may incur to comply with these requirements.	(Include the dollar
eping, reporting, and other paperw	vork, whether or not the paperwork must be submitted.): \$	
nousing costs? Yes	No If yes, enter the annual dollar cost per housing unit:	and the
lations? Yes No	Explain the need for State regulation given the existence or abse	ence of Federal
T		
esses and/or individuals that may b	e due to State - Federal differences: \$	
n of the dollar value of benefits is r	not specifically required by rulemaking law, but encouraged.)	
may result from this regulation and	who will benefit:	
s from this regulation over its lifetim TION (Include calculations and as	ne? \$sumptions in the rulemaking record. Estimation of the dollar value of)
s and benefits from this regulation a	and each alternative considered:	
Benefit: \$	Cost: \$	
		s:
11		
to consider performance standard	s as an alternative, if a regulation mandates the use of specific tech	nnologies or
ctions or procedures. Were perform	nance standards considered to lower compliance costs?	Yes No
	requirements, enter the annual cospeping, reporting, and other paperwinousing costs? Yes	requirements, enter the annual costs a typical business may incur to comply with these requirements. seeping, reporting, and other paperwork, whether or not the paperwork must be submitted.): \$

ECONOMIC AND FISCAL IMPACT STATEMENT cont. (STD. 399, Rev. 12/2008)

1. Will	the estima	ated costs of this regulation to	California business enterprises excee	d \$10 million?	No (If No, skip the rest of this section.)
2. Brie	efly describ	pe each equally as an effective	e alternative, or combination of alterna	tives, for which a cost-effectivene	ss analysis was performed:
Alte	rnative 1:				
3. For	the regula	tion, and each alternative just	described, enter the estimated total co	ost and overall cost-effectiveness	ratio:
	gulation:			Cost-effectiveness ratio: \$	
Alte	rnative 1:			Cost-effectiveness ratio: \$	
Alte	ernative 2:			Cost-effectiveness ratio: \$	
			FISCAL IMPACT	STATEMENT	
		CT ON LOCAL GOVERNME psequent Fiscal Years.)	NT (Indicate appropriate boxes1 throu	igh 6 and attach calculations and	assumptions of fiscal impact for the current
			ly \$ in the currently and Sections 17500 et		
	a.	is provided in	, Budget Act of	or Chapter	, Statutes of
	b.				dget Act of
	2. Additional expenditures of approximately \$ in the current State Fiscal Year which are not reimbursable by the State pursuant to Section 6 of Article XIII B of the California Constitution and Sections 17500 et seq. of the Government Code because this regulation:				
	a.	implements the Federal mand	date contained in		
	b. i	mplements the court mandate	set forth by the		
	c.	implements a mandate of the	people of this State expressed in their	approval of Proposition No	at the
		election;			(DATE)
	d. i	s issued only in response to a	specific request from the		·
				, which is	s/are the only local entity(s) affected;
				3 #	
	e.	will be fully financed from the	(FE	ES, REVENUE, ETC.)	authorized by Section
			of the		Code;
	f.	provides for savings to each a	affected unit of local government which	n will, at a minimum, offset any ad	ditional costs to each such unit;
	g.	creates, eliminates, or change	es the penalty for a new crime or infrac	ction contained in	
3.	Savings	of approximately \$	annually.		
\neg_{\star}	No additi	ional costo or agyingo bocque	a this regulation makes only technical	non aubatantivo or algrifuing abo	and to assess the second of th

ECONOMIC AND FISCAL IMPACT STATEMENT cont. (STD. 399, Rev. 12/2008)

) 5.	No fiscal impact exists because this regulation does not affect any local entity or program.				
6.	Other.	8			
B. FISO	B. FISCAL EFFECT ON STATE GOVERNMENT (Indicate appropriate boxes 1 through 4 and attach calculations and assumptions of fiscal impact for the current year and two subsequent Fiscal Years.)				
	. Additional expenditures of approximately \$ in the current State Fiscal Year. It is anticip	ated that State agencies will:			
	a. be able to absorb these additional costs within their existing budgets and resources.				
	b. request an increase in the currently authorized budget level for thefiscal year.				
2	Savings of approximately \$ in the current State Fiscal Year.				
3	. No fiscal impact exists because this regulation does not affect any State agency or program.				
	. Other.	the second secon			
C. FIS	CAL EFFECT ON FEDERAL FUNDING OF STATE PROGRAMS (Indicate appropriate boxes1 through 4 and to the current year and two subsequent Fiscal Years.)	attach calculations and assumptions of liscal			
impac	impact for the current year and two subsequents reserve to the current year and two subsequents reserve to the current year and two subsequents reserve to the current year.				
	. Additional expenditures of approximately \$in the current State Fiscal Year.	·			
	2. Savings of of approximately \$ in the current State Fiscal Year.				
3. No fiscal impact exists because this regulation does not affect any federally funded State agency or program.					
	4. Other.				
FIŞC	AL OFFICER SIGNATURE	3(23/13			
		DATE			
AGE APP	NCY SECRETARY 1 ROVALYCONCURRENCE	3/22/13			
-	PROGRAM BUDGET MANAGER	DATE			
DEF APF	PARTMENT OF FINANCE PROVAL/CONCURRENCE				

The signature attests that the agency has completed the STD.399 according to the instructions in SAM sections 6601-6616, and understands the impacts of the proposed rulemaking. State boards, offices, or department not under an Agency Secretary must have the form signed by the highest ranking official in the organization.

Finance approval and signature is required when SAM sections 6601-6616 require completion of Fiscal Impact Statement in the STD.399.